

<i>Index of Claims</i>				Application No.	Applicant(s)						
				09/716,722	LEYENDECKER, PHILIPPE						
				Examiner	Art Unit						
				Thai Tran	2616						
<input checked="" type="checkbox"/> Rejected <input type="checkbox"/> = Allowed		<input type="checkbox"/> - (Through numeral) <input type="checkbox"/> + Restricted		<input type="checkbox"/> N Non-Elected <input type="checkbox"/> I Interference	<input type="checkbox"/> A Appeal <input type="checkbox"/> O Objected						
Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1	1	o		51				101			
2	2	o		52				102			
3	3	o		53				103			
4	4	o		54				104			
	5	o		55				105			
	6	o		56				106			
	7	o		57				107			
	8	o		58				108			
	9	o		59				109			
	10	o		60				110			
	11	o		61				111			
	12	o		62				112			
	13	o		63				113			
	14	o		64				114			
	15	o		65				115			
	16	o		66				116			
	17	o		67				117			
	18	o		68				118			
	19	o		69				119			
	20	o		70				120			
	21			71				121			
	22			72				122			
	23			73				123			
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	50			100				150			